Electrical Permit Application

FOR OFFICIAL USE ONLY Review Routing & Approval



CITY OF LOWELL 216 NORTH LINCOLN STREET LOWELL, AR 72745 (479)770-2185 / FAX (479)770-2106

In the second se		
Division	Sig. = OK	Date
Reviewed By		

DATE APPLIED:			
PROJECT ADDRESS:			
OWNER NAME:	PHONE:		
CONTRACTOR NAME:	PHONE:		
ADDRESS:			
CITY/STATE/ZIP:			
LICENSE #:	EXPIRATION DATE:		
PROPOSED USE: DE	SCRIPTION OF WORK:		
LOAD CALCULATIONS (COMMERCIAL PROJECTS):			
	LLANEOUS FEES		
Item	Unit Cost	Total	
Meter Service Only/Per Meter	\$20.00		
Miscellaneous (Specify)	\$20.00		
	DENTIAL FEES		
Item	Unit Cost	Total	
New Construction, Single-Family (Heated Footage			
0 - 1,500 Square Feet	\$45.00		
1,501 - 2,000 Square Feet	\$60.00		
2,001 - 3,000 Square Feet	\$75.00		
3,001 Square Feet and Larger	\$112.50		
New Construction, Multi-Family:			
First Unit	\$45.00		
Additional Units ADD per Unit	\$40.00		
	IERCIAL FEES (Load C	alculations Required)	
Total Job Cost: \$	+20.00	+20.00	
Base Fee	\$30.00	\$30.00	
PLUS 1% of Job Cost up to \$10,000	0.00		
PLUS .5% of Job Cost from \$10,001.00 to \$20,00			
PLUS .25% of Job Cost from \$20,001.00 and ABO	VE		
TOTAL FEES DUE			
This permit becomes null and void if work or construction aut	horized is not commenced within 6 months.	or if construction or work is	
I hereby certify that I have read and examined this document I hereby certify that I have read and examined this document ordinances governing this type of work will be complied with give authority to violate or cancel the provisions of any other construction.	after work is started. and know the same to be true and correct. whether specified herein or not. Granting o	All provisions of laws and of a permit does not presume to	
(Signature of Contractor or Authorized Agent)	(Please Print Applicant Name)	(Date)	

NOTE: TO SCHEDULE INSPECTIONS CALL 479/770-2185, EXTENSION 650